



Allied Health • Audiology and Hearing Aids

December 2005 • Bulletin 362

Contents

Medi-Cal Training Seminars

Date of Service Determines
Correct Modifier for Billing1

2006 CPT-4/HCPSC Code
Update Reminder.....1

Provider Restrictions for
O & P Reimbursement.....1

New CCS Service Code Grouping
for Chronic Dialysis Clinics2

CCS Service Code Groupings
Update2

Date of Service Determines Correct Modifier for Billing

Providers are reminded that the recently implemented national modifiers are to be used only for dates of service on or after the effective date noted in *Medi-Cal Updates*. For the following types of service, providers should use the appropriate modifiers for the date of service billed.

Type of Service	Interim (Old) Modifiers	National (Current) Modifiers	Bill National Modifier for Dates of Service On or After
Telemedicine	TM	GT	August 1, 2005
Anesthesia Complicated by Hypothermia	AG	ET, P5	August 1, 2005
Emergency Anesthesia	AF	P4	August 1, 2005
Hearing Aids, Accessories and Services	Y1, Y2, Y6, Y7	NU, RR, RP	November 1, 2005
2005 Modifier Conversion	YQ, YS, ZK, ZU, ZV	22, AG, SA, SB, SC	November 1, 2005

For more in-depth details, see the June 2005 and September 2005 *Medi-Cal Update* for your specific provider community.

The updated information is reflected on manual replacement pages modif app 4 thru 7 (Part 2).

2006 CPT-4/HCPSC Code Update Reminder

The 2006 updates to the *Current Procedural Terminology*, Fourth Edition, (CPT-4) and Healthcare Common Procedure Coding System (HCPSC) Level II codes become effective for Medicare on January 1, 2006. The Medi-Cal program has not yet adopted the 2006 updates. Do not use 2006 codes to bill for Medi-Cal services until notified to do so in a future *Medi-Cal Update*.

Provider Restrictions for O & P Reimbursement

Providers are reminded that effective for dates of services on or after October 1, 2003, only physicians, podiatrists, certified orthotists and prosthetists may be reimbursed for orthotic and prosthetic appliances. Codes with double asterisks (**) in the *Orthotic and Prosthetic Appliances: Billing Codes and Reimbursement Rates — Orthotics* section of the provider manual are also reimbursable to pharmacists.

New CCS Service Code Grouping 09 for Chronic Dialysis Clinics

Chronic Dialysis Clinics are identified with unique Service Code Grouping (SCG) 09 to facilitate the diagnosis and treatment of California Children's Services (CCS) clients, effective retroactively for dates of service on or after July 1, 2004. SCGs allow providers to submit a single code on a Service Authorization Request (SAR) that represents a wide range of services. If the SAR is approved, all codes in the Service Code Grouping identified on the SAR are reimbursable.

The updated information is reflected on manual replacement page cal child ser 22 (Part 2).

CCS Service Code Groupings Update

A number of codes have been added and deleted from the Service Code Grouping (SCG) tables for the California Children's Service (CCS) program. In addition, for provider convenience each added or deleted code is accompanied by a symbol that relates directly to each code's effective date. Codes with a † have an effective date of October 18, 2004, while codes with a †† have an effective date of November 1, 2005. Codes without a symbol are effective July 1, 2004. Codes marked for deletion also have a line through each code.

The updated information is reflected on manual replacement pages cal child ser 1, 3 thru 17 and 20 (Part 2).

December 2005

Audiology and Hearing Aids Bulletin 362

Remove and replace: cal child ser 1 thru 22
hcpcs iii 3/4 *
medi non hcp 1 thru 3 *
modif app 1 thru 7
oth hlth cpt 1/2 *

* Pages updated due to ongoing provider manual revisions.